

School Age Certified Day Care Application

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Completion of this form meets the requirements as stated in the DWD 55.04 (3)

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

☐ Original Certification Application

Proposed Opening Date _____

☐ New location of certified center

☐ New owner of certified center

☐ Application for Recertification

This is required for update of information,
failure to return a completed application
may result in revocation of certification.

Program Name	Telephone Number ()		
Program Location (street, city, state, zip)			
Mailing Address (if different from program address)			
Name (legally responsible individual or corporation)	Owner/President Name		
Address of Individual/Corporation Listed above			
Federal Employer Identification Number (FEIN) OR Social Security Number, if an individual			
Has this program ever been certified in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, when?) _____			
Has this program ever had a certification or license denied, revoked, suspended or not renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, specify)			
Capacity _____ Max number of children cared for at any one time	Capacity _____ for mildly ill, if applicable	Capacity _____ for night care, if applicable	<input type="checkbox"/> Profit <input type="checkbox"/> Non Profit

TERMS OF CERTIFICATION

Ages of Children served	Hours of Operations	Days of Operation	Months of Operation	Type of Care (Check all that apply)
Youngest _____ Oldest _____	Start Time _____ End Time _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Jan <input type="checkbox"/> Jul <input type="checkbox"/> Feb <input type="checkbox"/> Aug <input type="checkbox"/> Mar <input type="checkbox"/> Sep <input type="checkbox"/> Apr <input type="checkbox"/> Oct <input type="checkbox"/> May <input type="checkbox"/> Nov <input type="checkbox"/> Jun <input type="checkbox"/> Dec	<input type="checkbox"/> Before and After School Care <input type="checkbox"/> Summer Care for School Age Children <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Meals will be served by the program? <input type="checkbox"/> Yes, prepared on the premises <input type="checkbox"/> Yes, prepared off the premises <input type="checkbox"/> No, other: _____		Transportation will be provided by the program on a regular basis? <input type="checkbox"/> Yes, program provided <input type="checkbox"/> Yes, program contracted <input type="checkbox"/> No		

BACKGROUND INFORMATION

Residents of the premises 12 years and older.			
Name (First, Last)	Relationship	Birth Date	Social Security Number